



Office of Health Facilities

Application for Intermediate Care Facilities for
Individuals with Intellectual Disabilities

Reference Guide for New Applicants

Let's begin!

Log In to the platform

1 Enter your username and password.

2 Click the Log In button.

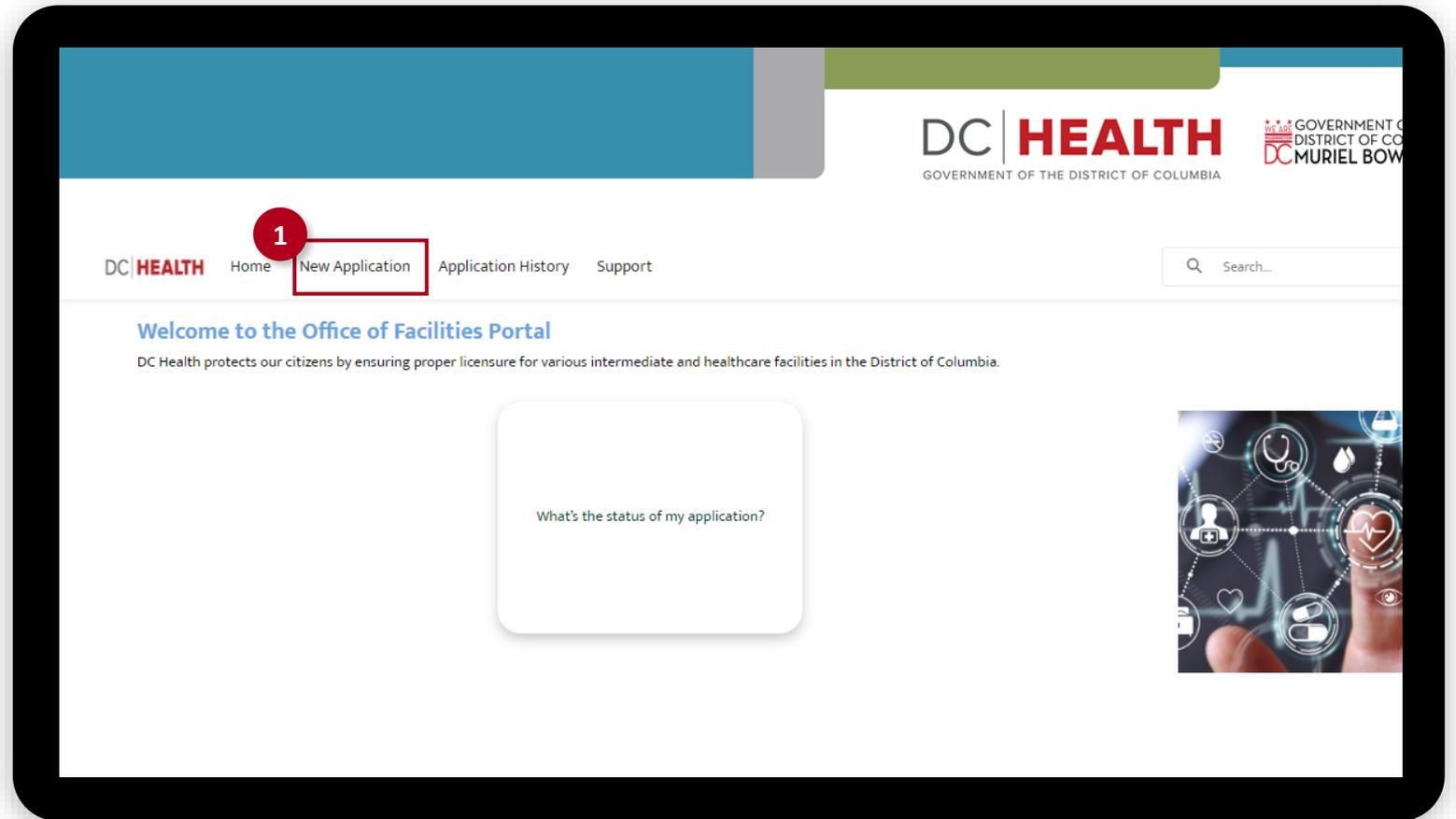


TIP: If you don't have an account click the **Create New Account** link.

The screenshot shows the DC Health login page. At the top right, there is a header with the DC Health logo and the text "GOVERNMENT OF THE DISTRICT OF COLUMBIA" and "MURIEL BOWSER, MAYOR". The main content area features the DC Health logo and a "Welcome to the Office of Health Facilities Portal" message. Below the welcome message is a "Login or Create an Account to:" section with a list of options: "Apply for a new medical facility license", "Renew an existing medical facility license", "Check the status of past applications", and "Seek support related to interactions with this office". There is also an "About DC Health" section with a brief description of the organization's mission and responsibilities. The login form is highlighted with a red border and contains two callouts: "1" pointing to the username field (containing "TestUser17") and "2" pointing to the "Log in" button. Below the form are links for "Forgot your password?", "Forgot username?", and "Create New Account".

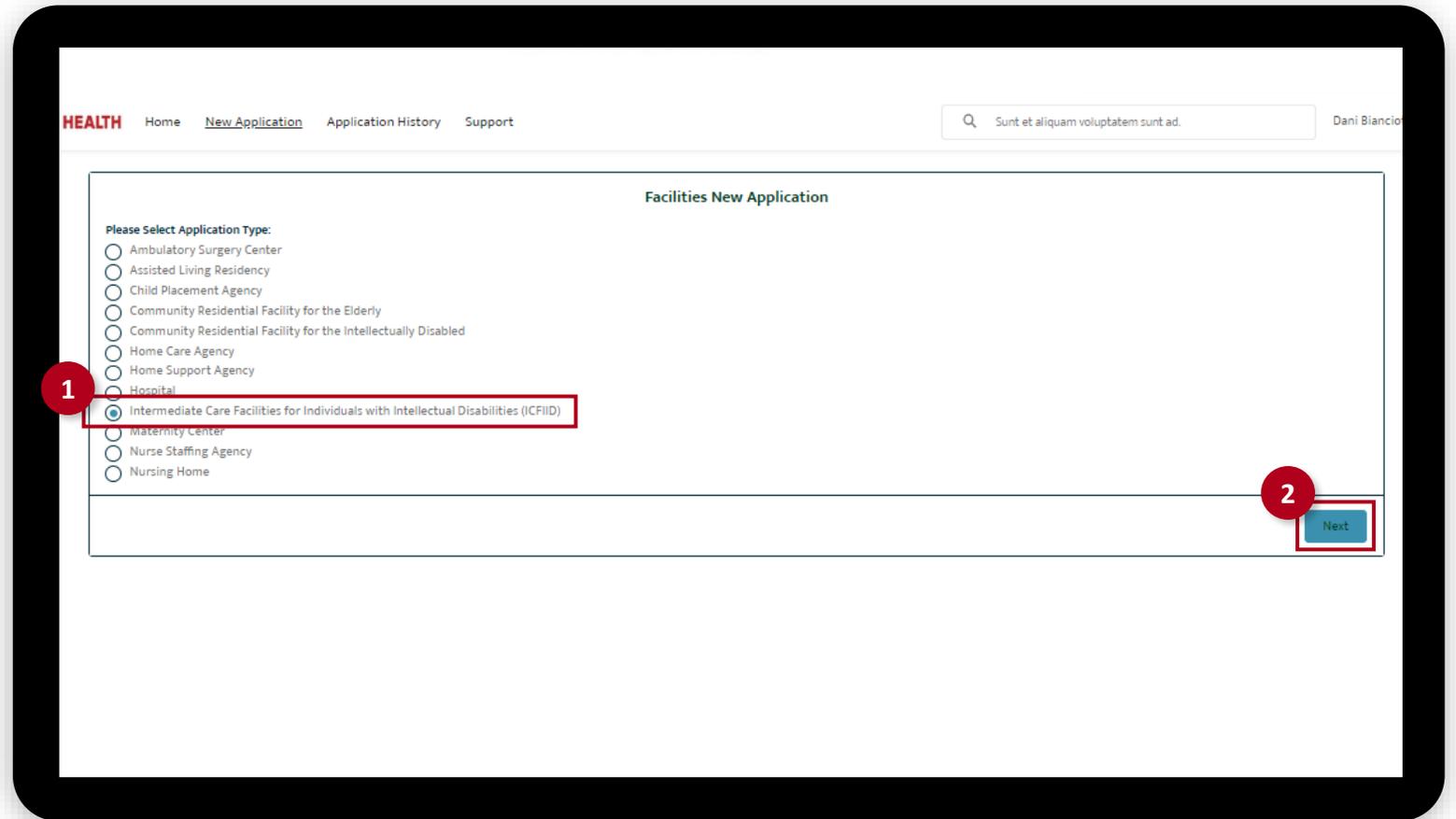
Navigate to the New Application screen

- 1 Once you Log in to the Office of Facilities Portal, click the **New Application** tab.



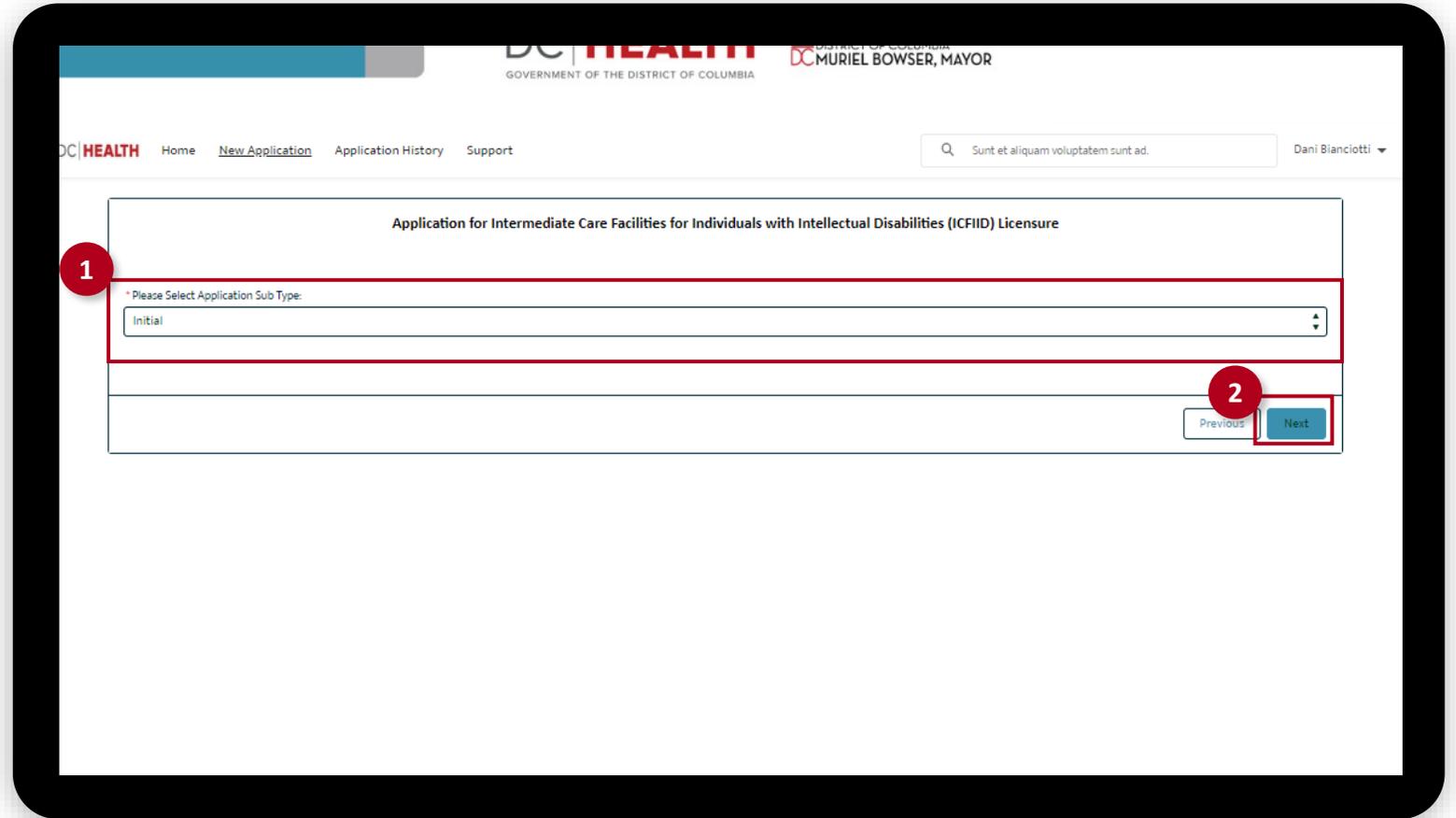
Select the Facilities New Application

- 1 Select the Intermediate Care Facilities for Individuals with Intellectual Disabilities option from the list.
- 2 Click the Next button.



Select the Application Sub Type

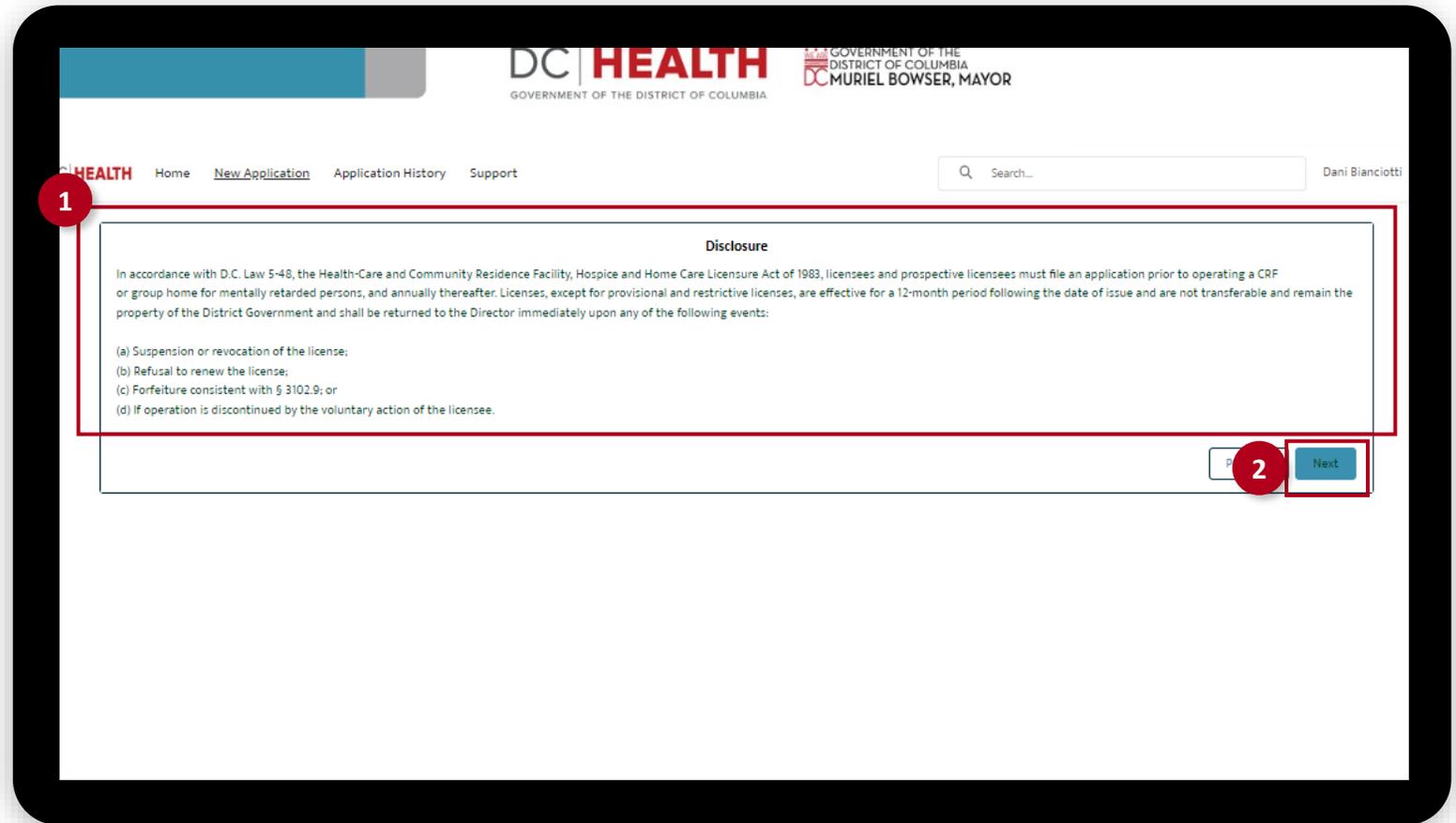
- 1 Select the **Initial** option from the drop-down list.
- 2 Click the **Next** button.



Accept Disclosure

1 Read the Disclosure text.

2 Click the Next button.



Fill out the Facility Information

- 1 Fill out all the required fields.
- 2 Click the **Save & Next** button.

The screenshot shows a web form titled "Facility Information" with a red border. A red circle with the number "1" is in the top-left corner of the form area. A red circle with the number "2" is over the "Save & Next" button at the bottom right. The form contains the following fields:

- * Type of Facility: Level 1 (GHPID)
- * Facility Name: Rosario Klocko
- * City: Alanshire
- * Zip Code: 85897
- * Fax: 123-046-5401
- Mailing Address (if different from Street Address)
- Website (if applicable): 62767-5990
- * Number of Beds: 440
- * Males: 30
- * Do you provide 24 hour nursing care?: Yes
- * Street Address: 118 Hubert Spur
- * State: SC
- * Telephone Number: 780-863-0266
- * Relationship of licensee to facility: Lease
- * Females: 10
- * Number of rotating Direct Support Staff: 30

 **TIP:** If needed, select the **Mailing Address (if different from Street Address)** check box.

The fields marked with * are mandatory and must be filled out to continue.

Fill out the Licensee Information

The licensee is the legal entity who has the ultimate responsibility and authority for the conduct of the facility.

- 1 Fill out all the required fields.
- 2 Click the **Save & Next** button.

 **TIP:** If needed, use the **Upload Files** button to attach needed documentation.

The fields marked with * are mandatory and must be filled out to continue.

Fill out the Principals/Officers Information

- 1 Fill out all the required fields.
- 2 Click the **Save & Next** button.

DC HEALTH Home [New Application](#) Application History Support

Search: Aperiam aut enim est non omnis laboriosam animi dolor Dani Bianciotti

Name the principals/officers of the licensee: (such as, CEO, President, VP, Secretary, Treasurer, Director)

1 Principal/Officer of the Licensee - 1

* First Name: Marcus Middle Name: Eulalia Harvey * Last Name: Shields

* Street Address: 10752 Nicolas Ville * City: Marquardtton

* State: WY * Zip code: 14032

* Telephone Number: 602-353-2735 * Email: your.email+fakedata90390@gmail.com

* Title: Product Configuration Strategist

Add more Principal/Officers?

2 Save & Next



TIP: If needed, select the **Add more Principal/Officers?** check box and complete the fields with the required information.

The fields marked with * are mandatory and must be filled out to continue.

Fill out the Facility Staffing Information

1 Fill out all the required fields.

2 Click the Save & Next button.

The screenshot shows the 'Facility Staffing' form on the DC Health website. A red box highlights the 'Residence Director' section and the 'Save & Next' button. The form includes the following fields:

- Residence Director:**
 - * Prefix: Ms. or Mrs. (dropdown)
 - * Name: Shanny Mayer
 - * Title: Investor Markets Consultant
 - * Highest Level of Education Completed: Gerlach LLC
 - * Name of Qualified Mental Retardation Professional (QMRR): Chaz Smith
- Other Professionals on Staff, if applicable:**
 - Director of Nursing: Tressie Lebsack
 - Primary Care Physician(s): Maudie Deckow
 - Licensed Practical Nurse(s): Abelardo Mayer
 - Trained Medication Employee(s): Immanuel Bergnaum
 - Live-In Staff: Noah Kertzmann

The 'Save & Next' button is located at the bottom right of the form.

The fields marked with * are mandatory and must be filled out to continue.

Fill out the Insurance Coverage Information

- 1 Fill out all the required fields
- 2 Click the **Save & Next** button.

The screenshot shows a form titled "Insurance Coverage" with the instruction "Attach documentary evidence of financial responsibility on the part of the applicant as stipulated below". It contains two sections: "Hazard (Fire and extended coverage) Minimum of \$500 per resident or \$2000 per facility" and "Liability Insurance - Minimum of \$300,000 per occurrence". Each section has fields for Agency Name, Street Address, City, State, and Zip Code, along with an Amount of Coverage field. A red box highlights the input fields and the "Save and Next" button at the bottom right. A red circle with the number "1" is placed at the top left of the form area, and another red circle with the number "2" is placed over the "Save and Next" button.



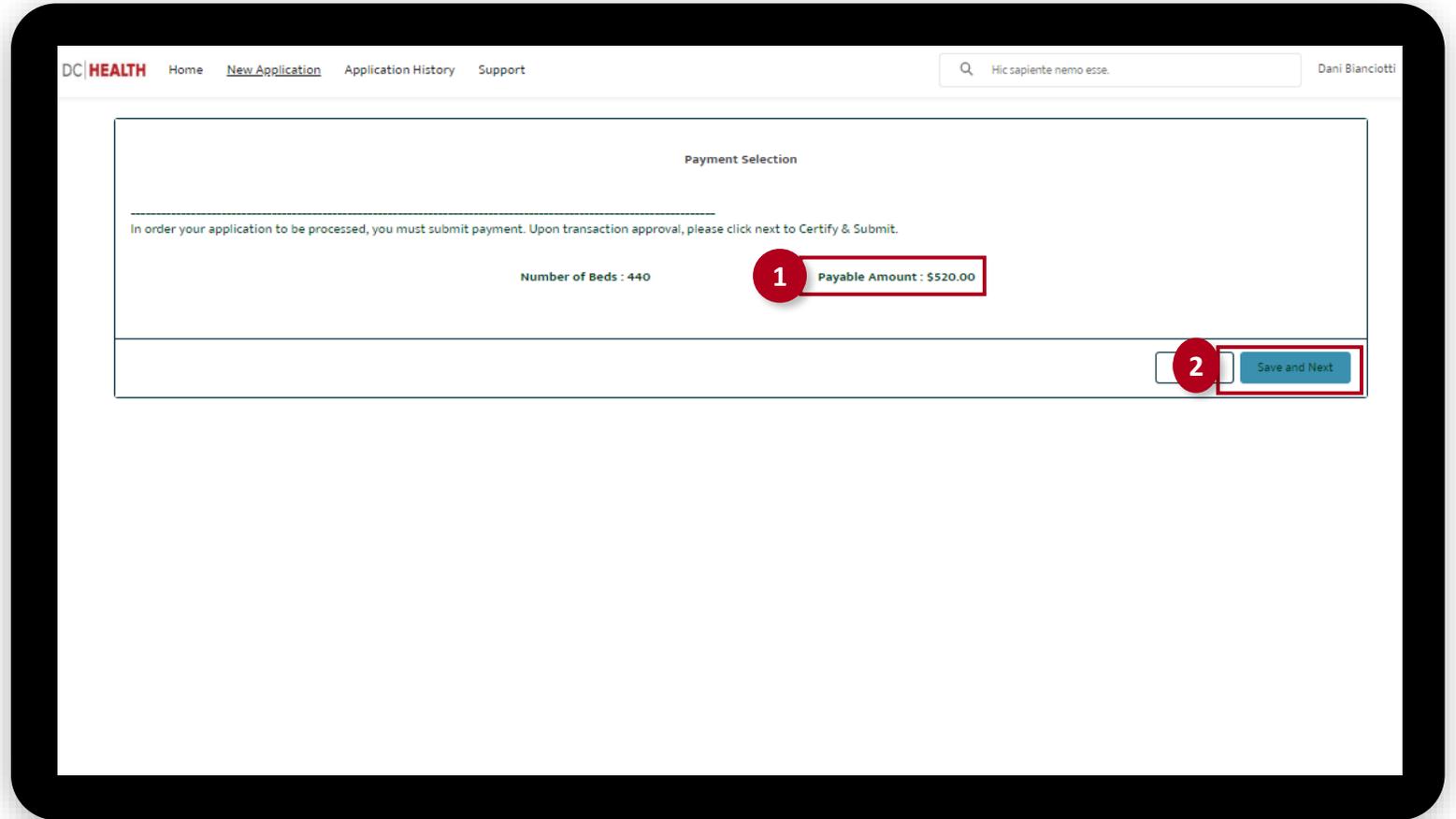
TIP: If needed, use the **Upload Files** button to attach needed documentation.

The fields marked with * are mandatory and must be filled out to continue.

Payment Selection

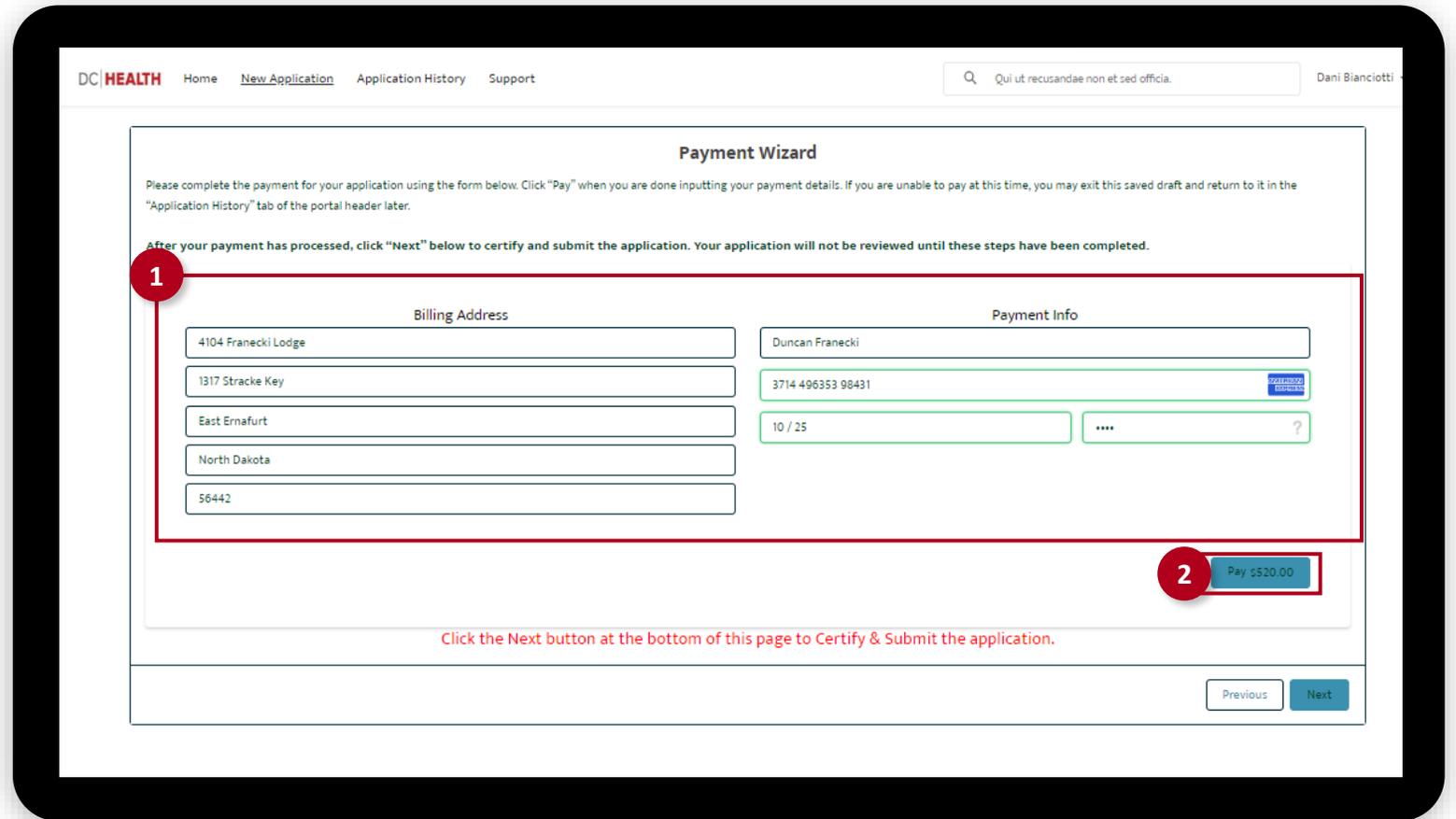
The Payable Amount depends on the number of beds filled out in the Facility Information screen.

- 1 Check if **Payable Amount** is correct.
- 2 Click the **Save & Next** button.



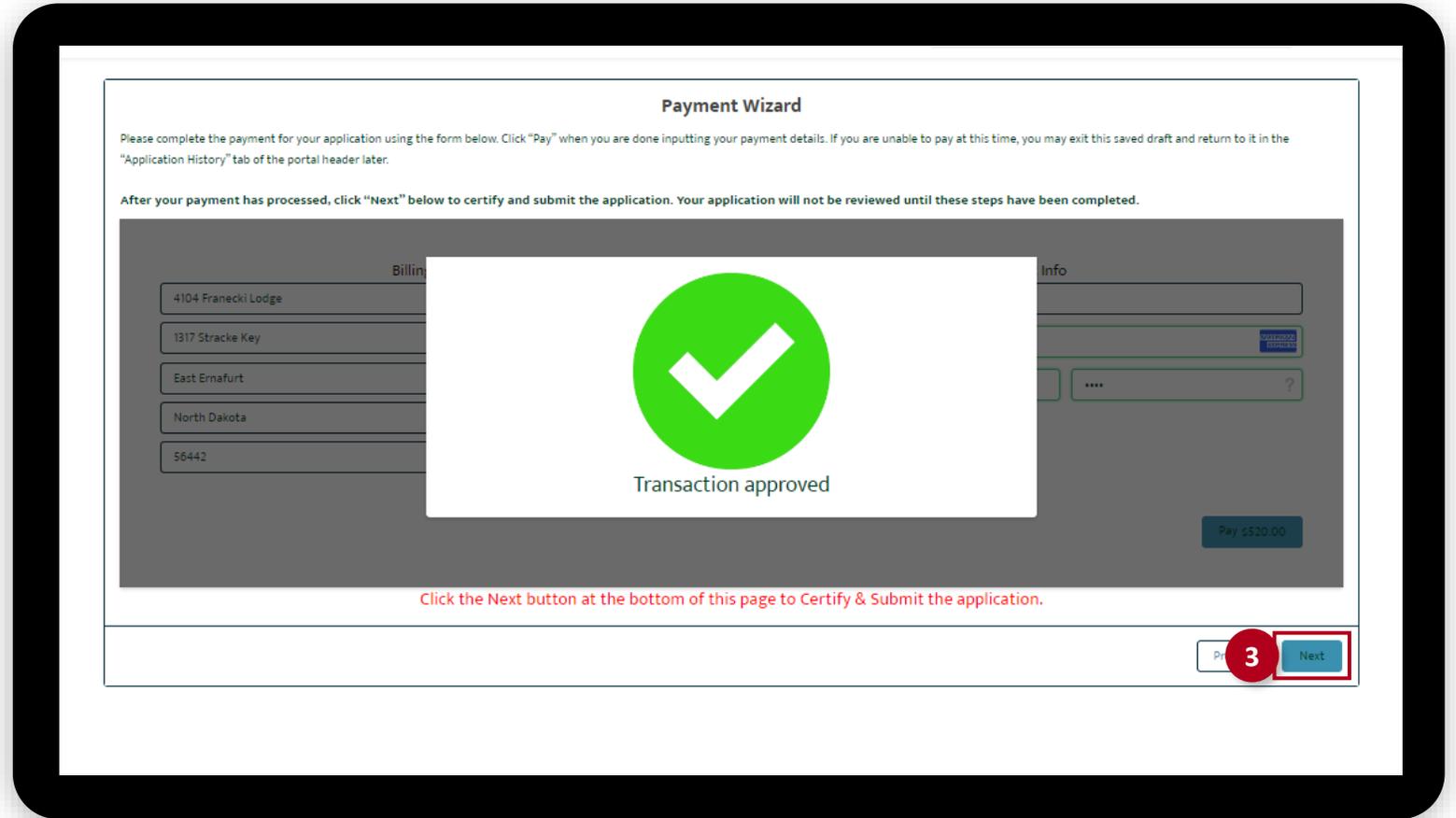
Payment Wizard

- 1 Fill out the **Billing Address** and **Payment Info** fields.
- 2 Click the **Pay** button.



Payment Wizard

- 3 Once the Transaction is approved, click the Next button.



Certify and Submit

1 Fill out the Name field.

2 Click the Submit button.

Certify and Submit

By clicking the submit button below, you are acknowledging that you are providing information for an official record and that the information you are supplying is true. By submitting this information, you understand that knowingly and willfully making a false statement on an official record may result in action against your license, registration, or certification and criminal penalties*. This information will be held confidential by the Department of Health.

*(a) A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia government, under circumstances in which the statement could reasonably be expected to be relied upon as true, provided, that the writing indicates that the making of a false statement is punishable by criminal penalties or if that person makes an affirmation by signing an entity filing or other document under Title 29 of the District of Columbia Official Code, knowing that the facts stated in the filing are not true in any material respect or if that person makes an affirmation by signing a declaration under § 1-1061.13, knowing that the facts stated in the filing are not true in any material respect;

(b) Any person convicted of making false statements shall be fined not more than the amount set forth in § 22-3571.01 or imprisoned for not more than 180 days, or both. A violation of this section shall be prosecuted by the Attorney General for the District of Columbia or one of the Attorney General's assistants.

By electronically entering my name on this form, I attest that all statements are true and accurate.

* Name
Damion Batz

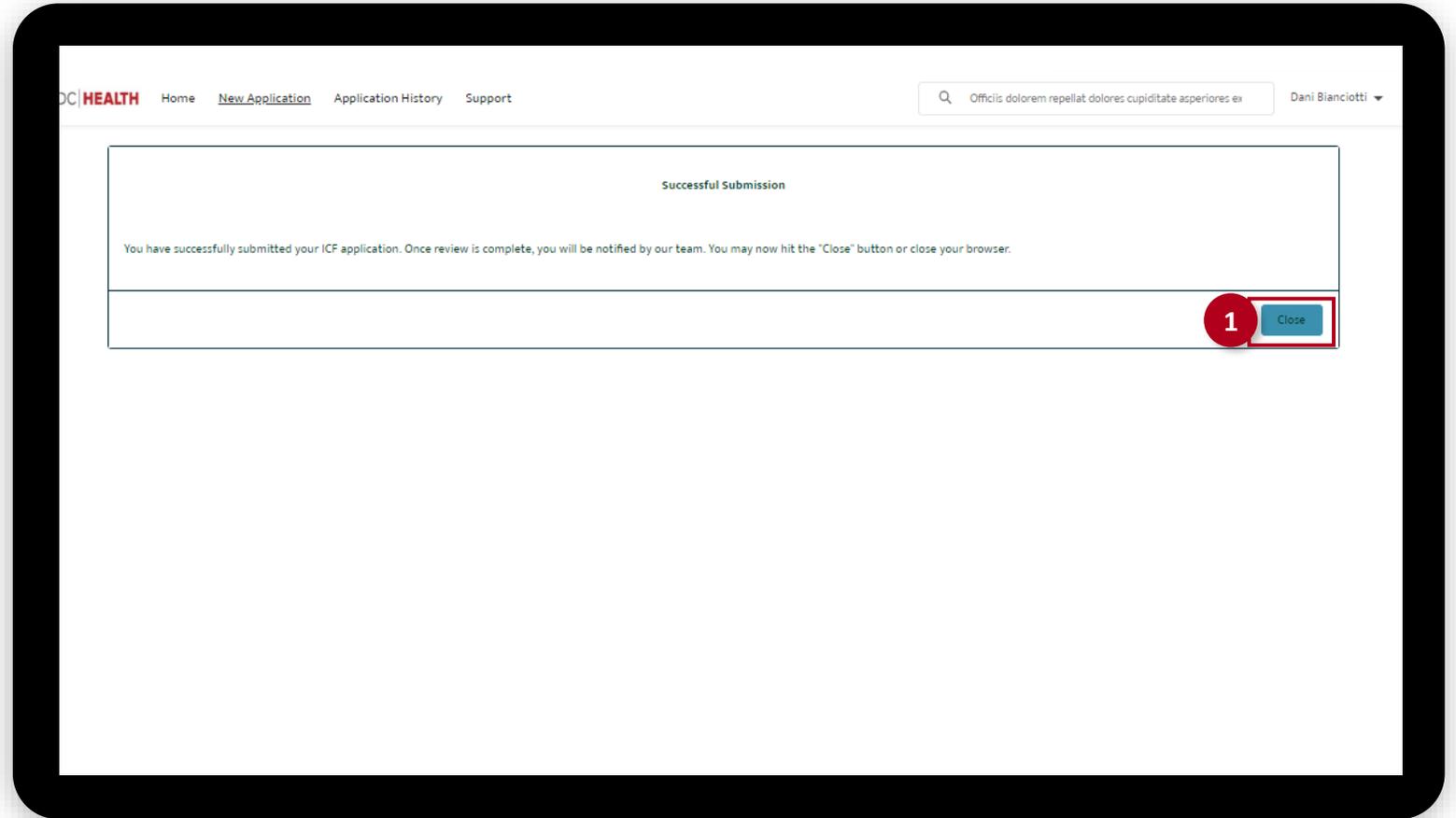
Date
January 24, 2023

Submit

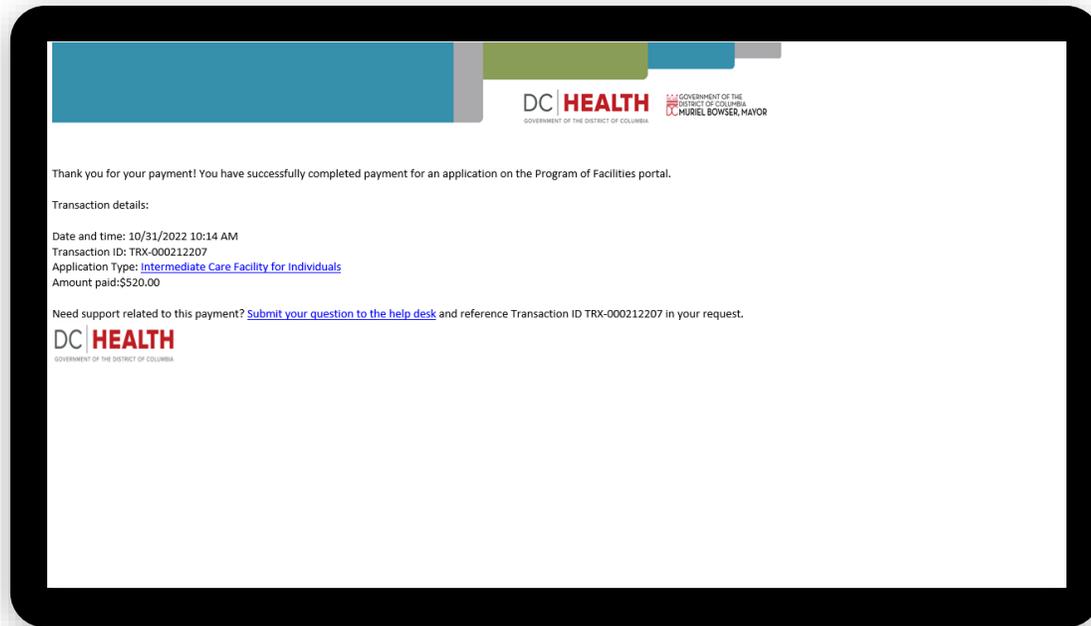
*The fields marked with * are mandatory and must be filled out to continue.*

Close the Application

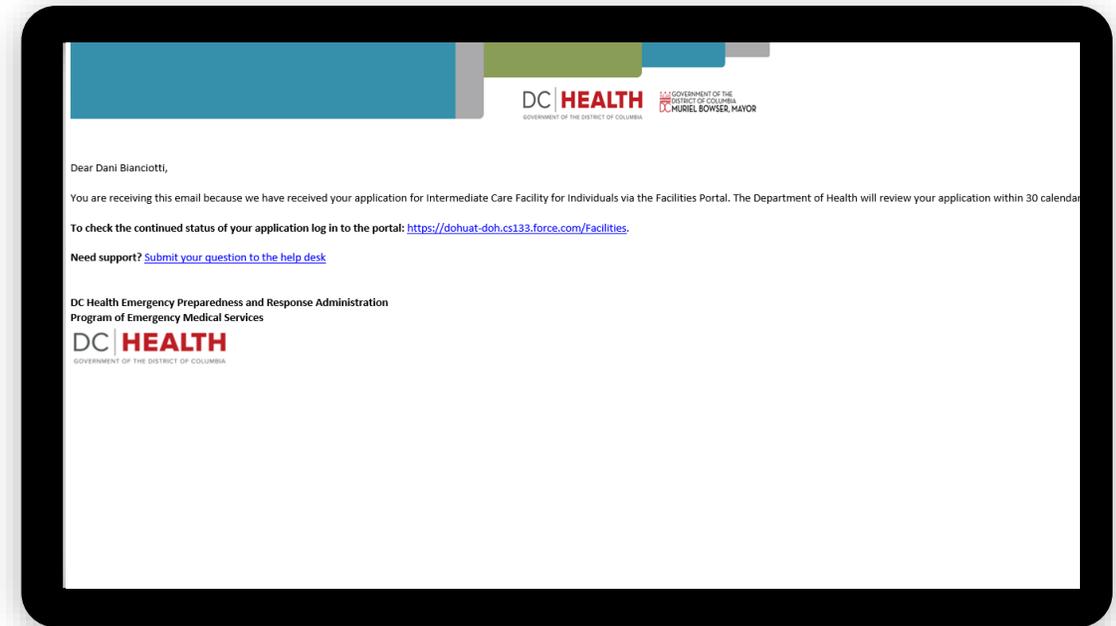
- 1 You have finished submitting your application. Click the **Close** button.



E-mail Confirmation



1 Check if you have received confirmation of payment.



2 Check if you have received confirmation for your application.

Thank you!